FEC

## STATEMENT OF **ORGANIZATION**

RECEIVED 2012 OCT 25 AM 11: 52

FORM 1							OFFICE COMMIL CENTER		
1. NAME OF COMMITTEE (in	ı full)		eck if name hanged)		nple:If typing, type the lines.	12FE4I			
NORTH DA	KOTA	DEMO	PCRATIC	ÇLE	ADERSHIP	FEDER	RAL COM	MITTEE	
			<u> </u>		<del></del>				
ADDRESS (number a	nd street)	P. O.	BOX 16	194	<del></del>	<del></del>		لتبييا	
(Check if address is changed)		PLAN	TATION	1		FL	33318	J-LJ	
				CITY		STATE	ZIP (	CODE	
COMMITTEE'S E-MA		-	=		rshipComm	ittees(	gmail.co	<u>m                                     </u>	
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COMMITTEE'S WEE	PAGE ADD	RESS (URL)	)						
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2. DATE 10	)" ′ 17	" ′ <b>20</b> ′1	Ž Ť						
3. FEC IDENTIFIC	CATION NU	IMBER	С						
4. IS THIS STATE	MENT 🔀	NEW (N	) OR		AMENDED (A)				
I certify that I have	examined th	is Statement	and to the bes	t of my l	nowledge and belief	it is true, con	rect and complete		
Type or Print Name	of Treasurer	ALE	XANDEI	R CL	INTON			, <u>-</u>	
Signature of Treasur	er <i>)</i> _	Hera	ider	Cli	itos_	Date	10°′17°	<b>′ 2012</b>	
NOTE: Submission of	•	-	-		ject the person signing ULD BE REPORTED V		-	f 2 U.S.C. §437g.	
Office Use Only					For further Information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC F	ORM 1 02/2009)	